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The Hospice Payment System Fact Sheet, which provides general information about the Medicare hospice benefit, certification requirements, election periods, and payment rates, is now available in print format from the Medicare Learning Network. To place your order, just click on [MLN Product Ordering Page](#).

MLN Matters Number: MM5502

Related Change Request (CR) #: 5502

Related CR Release Date: February 9, 2007

Effective Date: January 1, 2007

Related CR Transmittal #: R1182CP

Implementation Date: April 2, 2007

## April Quarterly Update to 2007 Annual Update of HCPCS Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement

### Provider Types Affected

SNFs and other providers submitting claims to Medicare fiscal intermediaries (FIs) and Part A/B Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries in SNFs.

### What You Need to Know

Three Healthcare Common Procedure Coding System (HCPCS) codes (**96521**, **96522** and **96523**), that are subject to the consolidated billing provision of the SNF Prospective Payment System (PPS), were included in the January 2007 update to the carrier file, but not in the FI file. CR 5502, from which this article is taken, adds these three codes to the FI file.

Please refer to the Background section for more information.

### Background

Quarterly, CMS updates the lists of HCPCS codes (for both FIs and carriers/DMERCs) that are subject to the consolidated billing (CB) provision of the SNF Prospective Payment System (PPS). This particular update, however, applies only to providers billing Medicare FIs, because in the January 2007 update, these three codes were included in the carrier file, but were omitted from the FI file. CR 5502, from which this article is taken, adds these codes to the FI file only.

#### Disclaimer

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The following chemotherapy administration-related HCPCS codes are being added to Major Category III, EXCLUSIONS (Effective for claims with dates of service on or after January 1, 2007):

- **96521** – Refilling and Maintenance of Portable Pump;
- **96522** – Refilling and Maintenance of Implantable Pump or Reservoir for Drug Delivery, Systemic (e.g. intravenous, intra-arterial); and
- **96523** – Irrigation of Implanted Venous Access Device for Drug Delivery Systems.

Remember that:

- With the exception of SNFs, Medicare will not pay providers for services appearing on this list when they are included in SNF CB.
- Conversely, Medicare will pay non- SNF providers for beneficiary services excluded from SNF PPS and CB, even when in a SNF stay.
- SNF CB applies to non-therapy services only when furnished to a SNF resident during a covered Part A stay; however, SNF CB applies to physical and occupational therapies and speech-language pathology services whenever they are furnished to a SNF resident, regardless of whether Part A covers the stay.
- FIs and A/B MACs will not search their files for claims affected by this change to either retract payment for claims already paid or to retroactively pay claims, but will adjust such claims that you bring to their attention.

## Additional Information

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You can find the official instruction, CR5502, issued to your FI or A/B MAC by visiting <http://www.cms.hhs.gov/Transmittals/downloads/R1182CP.pdf> on the CMS website. In addition, you can view the 2007 Annual Update file for FIs at [http://www.cms.hhs.gov/SNFConsolidatedBilling/75\\_2007\\_FI\\_Update.asp](http://www.cms.hhs.gov/SNFConsolidatedBilling/75_2007_FI_Update.asp) on the CMS website.

If you have any questions, please contact your FI or A/B MAC at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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